

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0025096

6324

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

318
1003
64

VS 300
Rev. 4/59

1
2 8/27
3
4 0
5 1
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12 69-0
13

DATE AMENDED
INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Jonesboro	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 34 hrs	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hospitals, Inc.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Thomas Middle Elick Last Tripp		4. DATE OF DEATH Month July Day 1 Year 1964	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-23-1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensr. Section Laborer		10b. KIND OF BUSINESS OR INDUSTRY Railroad	
11. BIRTHPLACE (City and state or country) Union Co., Illinois		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME William K. Tripp		13b. MOTHER'S MAIDEN NAME Sadie E. Cavaness	
14. NAME OF HUSBAND OR WIFE wife- Effie		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W 2	
16. SOCIAL SECURITY NO. 90		17. INFORMANT Address Ellie Tripp, Same As # 2	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of colon with metastases to liver DUE TO (b) 153.8 DUE TO (c) 4 yrs. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5.50 a.m. p.m. Month, Day, Year June 29, 1964	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY Jonesboro STATE Ill	
21. I attended the deceased from June 29, 1964 to July 1, 64 and last saw him alive on June 30, 1964 Death occurred at 5.50 A.M m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Richard E. Hasto M.D.		22b. ADDRESS 1755 So. Grand Blv'd	
22c. DATE SIGNED 7-1-64		23. NAME OF CEMETERY OR CREMATORY Jonesboro City	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-1-64	23d. LOCATION (City, town, or county) Jonesboro, Ill	
24. FUNERAL DIRECTOR Norris & Sons- Jonesboro, Ill		25. DATE RECD. BY LOCAL REG. JUL 2 1964	
26. REGISTRAR'S SIGNATURE Richard Smith. M.D.			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

JUL 21 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 5168

P. O. Address Millbrook, Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.